

Instructions for Monthly Report of Operation - Activated Sludge Type Wastewater Treatment Plant - Expanded Form

State Form 10829 (R2 / 8-07)

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them.

If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data.

pH - if only one sample is taken per day, report that value only in the "low" column.

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is mro.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form doesn't print properly onto 5 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| January | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | |
|--------------|-------------|--|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|--|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | |
| 29 | Sat | Fill in December's effluent data on page 3 as necessary for correct weekly average calculations. | | | | | | | | | | | | | | | | |
| 30 | Sun | | | | | | | | | | | | | | | | | |
| 31 | Mon | | | | | | | | | | | | | | | | | |
| 1 | Tue | | | | | | | | | | | | | | | | | |
| 2 | Wed | | | | | | | | | | | | | | | | | |
| 3 | Thu | | | | | | | | | | | | | | | | | |
| 4 | Fri | | | | | | | | | | | | | | | | | |
| 5 | Sat | | | | | | | | | | | | | | | | | |
| 6 | Sun | | | | | | | | | | | | | | | | | |
| 7 | Mon | | | | | | | | | | | | | | | | | |
| 8 | Tue | | | | | | | | | | | | | | | | | |
| 9 | Wed | | | | | | | | | | | | | | | | | |
| 10 | Thu | | | | | | | | | | | | | | | | | |
| 11 | Fri | | | | | | | | | | | | | | | | | |
| 12 | Sat | | | | | | | | | | | | | | | | | |
| 13 | Sun | | | | | | | | | | | | | | | | | |
| 14 | Mon | | | | | | | | | | | | | | | | | |
| 15 | Tue | | | | | | | | | | | | | | | | | |
| 16 | Wed | | | | | | | | | | | | | | | | | |
| 17 | Thu | | | | | | | | | | | | | | | | | |
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| 19 | Sat | | | | | | | | | | | | | | | | | |
| 20 | Sun | | | | | | | | | | | | | | | | | |
| 21 | Mon | | | | | | | | | | | | | | | | | |
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| 23 | Wed | | | | | | | | | | | | | | | | | |
| 24 | Thu | | | | | | | | | | | | | | | | | |
| 25 | Fri | | | | | | | | | | | | | | | | | |
| 26 | Sat | | | | | | | | | | | | | | | | | |
| 27 | Sun | | | | | | | | | | | | | | | | | |
| 28 | Mon | | | | | | | | | | | | | | | | | |
| 29 | Tue | | | | | | | | | | | | | | | | | |
| 30 | Wed | | | | | | | | | | | | | | | | | |
| 31 | Thu | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | Date (month, day, year) |
| | Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | January | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|-------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | RETURN SLUDGE | | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | January | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| | | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| Day Of Month | Day of Week | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 29 | Sat | | | | | | | | | | | | | | | | |
| 30 | Sun | | | | | | | | | | | | | | | | |
| 31 | Mon | | | | | | | | | | | | | | | | |
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| 3 | Thu | | | | | | | | | | | | | | | | |
| 4 | Fri | | | | | | | | | | | | | | | | |
| 5 | Sat | | | | | | | | | | | | | | | | |
| 6 | Sun | | | | | | | | | | | | | | | | |
| 7 | Mon | | | | | | | | | | | | | | | | |
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| 10 | Thu | | | | | | | | | | | | | | | | |
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| 17 | Thu | | | | | | | | | | | | | | | | |
| 18 | Fri | | | | | | | | | | | | | | | | |
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| 22 | Tue | | | | | | | | | | | | | | | | |
| 23 | Wed | | | | | | | | | | | | | | | | |
| 24 | Thu | | | | | | | | | | | | | | | | |
| 25 | Fri | | | | | | | | | | | | | | | | |
| 26 | Sat | | | | | | | | | | | | | | | | |
| 27 | Sun | | | | | | | | | | | | | | | | |
| 28 | Mon | | | | | | | | | | | | | | | | |
| 29 | Tue | | | | | | | | | | | | | | | | |
| 30 | Wed | | | | | | | | | | | | | | | | |
| 31 | Thu | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |
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Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | January | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | |
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| Min. | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | January | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |



Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| February | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | | |
|---|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|-------------------------|-------------------|----------------|--|--|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | | |
| 1 | Fri | | | | | | | | | | | | | | | | | | |
| 2 | Sat | | | | | | | | | | | | | | | | | | |
| 3 | Sun | | | | | | | | | | | | | | | | | | |
| 4 | Mon | | | | | | | | | | | | | | | | | | |
| 5 | Tue | | | | | | | | | | | | | | | | | | |
| 6 | Wed | | | | | | | | | | | | | | | | | | |
| 7 | Thu | | | | | | | | | | | | | | | | | | |
| 8 | Fri | | | | | | | | | | | | | | | | | | |
| 9 | Sat | | | | | | | | | | | | | | | | | | |
| 10 | Sun | | | | | | | | | | | | | | | | | | |
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| 12 | Tue | | | | | | | | | | | | | | | | | | |
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| 15 | Fri | | | | | | | | | | | | | | | | | | |
| 16 | Sat | | | | | | | | | | | | | | | | | | |
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| 18 | Mon | | | | | | | | | | | | | | | | | | |
| 19 | Tue | | | | | | | | | | | | | | | | | | |
| 20 | Wed | | | | | | | | | | | | | | | | | | |
| 21 | Thu | | | | | | | | | | | | | | | | | | |
| 22 | Fri | | | | | | | | | | | | | | | | | | |
| 23 | Sat | | | | | | | | | | | | | | | | | | |
| 24 | Sun | | | | | | | | | | | | | | | | | | |
| 25 | Mon | | | | | | | | | | | | | | | | | | |
| 26 | Tue | | | | | | | | | | | | | | | | | | |
| 27 | Wed | | | | | | | | | | | | | | | | | | |
| 28 | Thu | | | | | | | | | | | | | | | | | | |
| 29 | Fri | | | | | | | | | | | | | | | | | | |
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| Minimum | | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | | | | Signature of Certified Operator | | | | | Date (month, day, year) | | | | |
| | | | | | | | | | | Signature of principal executive officer or authorized agent | | | | | Date (month, day, year) | | | | |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | February | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|-------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | RETURN SLUDGE | | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 10829 (R2 / 8-07)

Date (month, day, year)

Date (month, day, year)

| Year |
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2008

[illegible]

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|--|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | Percent Capacity (actual flow/design) |
| Secondary Treatment | | | | | |
| Tertiary Treatment | | | | | |
| Overall Treatment | | | | | |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | February | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | |
|--------------|-------------------------------|----------------------------------|--------------------|------------------------------------|-----------------|--|--|--|--|---|---|--|--|--|
| | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | |
| | | | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | |
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| Min. | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | February | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| March | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" if Occurred) | Collection System Overflow ("x" if Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Sat | | | | | | | | | | | | | | | | |
| 2 | Sun | | | | | | | | | | | | | | | | |
| 3 | Mon | | | | | | | | | | | | | | | | |
| 4 | Tue | | | | | | | | | | | | | | | | |
| 5 | Wed | | | | | | | | | | | | | | | | |
| 6 | Thu | | | | | | | | | | | | | | | | |
| 7 | Fri | | | | | | | | | | | | | | | | |
| 8 | Sat | | | | | | | | | | | | | | | | |
| 9 | Sun | | | | | | | | | | | | | | | | |
| 10 | Mon | | | | | | | | | | | | | | | | |
| 11 | Tue | | | | | | | | | | | | | | | | |
| 12 | Wed | | | | | | | | | | | | | | | | |
| 13 | Thu | | | | | | | | | | | | | | | | |
| 14 | Fri | | | | | | | | | | | | | | | | |
| 15 | Sat | | | | | | | | | | | | | | | | |
| 16 | Sun | | | | | | | | | | | | | | | | |
| 17 | Mon | | | | | | | | | | | | | | | | |
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| 19 | Wed | | | | | | | | | | | | | | | | |
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| 23 | Sun | | | | | | | | | | | | | | | | |
| 24 | Mon | | | | | | | | | | | | | | | | |
| 25 | Tue | | | | | | | | | | | | | | | | |
| 26 | Wed | | | | | | | | | | | | | | | | |
| 27 | Thu | | | | | | | | | | | | | | | | |
| 28 | Fri | | | | | | | | | | | | | | | | |
| 29 | Sat | | | | | | | | | | | | | | | | |
| 30 | Sun | | | | | | | | | | | | | | | | |
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| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | Date (month, day, year) |
| | Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | March | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | March | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Sat | | | | | | | | | | | | | | | | |
| 2 | Sun | | | | | | | | | | | | | | | | |
| 3 | Mon | | | | | | | | | | | | | | | | |
| 4 | Tue | | | | | | | | | | | | | | | | |
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| 14 | Fri | | | | | | | | | | | | | | | | |
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| 16 | Sun | | | | | | | | | | | | | | | | |
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| 18 | Tue | | | | | | | | | | | | | | | | |
| 19 | Wed | | | | | | | | | | | | | | | | |
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| 21 | Fri | | | | | | | | | | | | | | | | |
| 22 | Sat | | | | | | | | | | | | | | | | |
| 23 | Sun | | | | | | | | | | | | | | | | |
| 24 | Mon | | | | | | | | | | | | | | | | |
| 25 | Tue | | | | | | | | | | | | | | | | |
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| 30 | Sun | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | March | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | |
|--------------|----------------------------|-------------------------------|--------------------|---------------------------------|-----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|--|--|---|--|--|
| | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | |
| | | | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | |
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| Max. | | | | | | | | | | | | | | |
| Min. | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | March | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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| Avg | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| April | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" if Occurred) | Collection System Overflow ("x" if Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Sat | | | | | | | | | | | | | | | | |
| 2 | Sun | | | | | | | | | | | | | | | | |
| 3 | Mon | | | | | | | | | | | | | | | | |
| 4 | Tue | | | | | | | | | | | | | | | | |
| 5 | Wed | | | | | | | | | | | | | | | | |
| 6 | Thu | | | | | | | | | | | | | | | | |
| 7 | Fri | | | | | | | | | | | | | | | | |
| 8 | Sat | | | | | | | | | | | | | | | | |
| 9 | Sun | | | | | | | | | | | | | | | | |
| 10 | Mon | | | | | | | | | | | | | | | | |
| 11 | Tue | | | | | | | | | | | | | | | | |
| 12 | Wed | | | | | | | | | | | | | | | | |
| 13 | Thu | | | | | | | | | | | | | | | | |
| 14 | Fri | | | | | | | | | | | | | | | | |
| 15 | Sat | | | | | | | | | | | | | | | | |
| 16 | Sun | | | | | | | | | | | | | | | | |
| 17 | Mon | | | | | | | | | | | | | | | | |
| 18 | Tue | | | | | | | | | | | | | | | | |
| 19 | Wed | | | | | | | | | | | | | | | | |
| 20 | Thu | | | | | | | | | | | | | | | | |
| 21 | Fri | | | | | | | | | | | | | | | | |
| 22 | Sat | | | | | | | | | | | | | | | | |
| 23 | Sun | | | | | | | | | | | | | | | | |
| 24 | Mon | | | | | | | | | | | | | | | | |
| 25 | Tue | | | | | | | | | | | | | | | | |
| 26 | Wed | | | | | | | | | | | | | | | | |
| 27 | Thu | | | | | | | | | | | | | | | | |
| 28 | Fri | | | | | | | | | | | | | | | | |
| 29 | Sat | | | | | | | | | | | | | | | | |
| 30 | Sun | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | Date (month, day, year) |
| | Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | April | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|-------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | RETURN SLUDGE | | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | April | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Sat | | | | | | | | | | | | | | | | |
| 2 | Sun | | | | | | | | | | | | | | | | |
| 3 | Mon | | | | | | | | | | | | | | | | |
| 4 | Tue | | | | | | | | | | | | | | | | |
| 5 | Wed | | | | | | | | | | | | | | | | |
| 6 | Thu | | | | | | | | | | | | | | | | |
| 7 | Fri | | | | | | | | | | | | | | | | |
| 8 | Sat | | | | | | | | | | | | | | | | |
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| 10 | Mon | | | | | | | | | | | | | | | | |
| 11 | Tue | | | | | | | | | | | | | | | | |
| 12 | Wed | | | | | | | | | | | | | | | | |
| 13 | Thu | | | | | | | | | | | | | | | | |
| 14 | Fri | | | | | | | | | | | | | | | | |
| 15 | Sat | | | | | | | | | | | | | | | | |
| 16 | Sun | | | | | | | | | | | | | | | | |
| 17 | Mon | | | | | | | | | | | | | | | | |
| 18 | Tue | | | | | | | | | | | | | | | | |
| 19 | Wed | | | | | | | | | | | | | | | | |
| 20 | Thu | | | | | | | | | | | | | | | | |
| 21 | Fri | | | | | | | | | | | | | | | | |
| 22 | Sat | | | | | | | | | | | | | | | | |
| 23 | Sun | | | | | | | | | | | | | | | | |
| 24 | Mon | | | | | | | | | | | | | | | | |
| 25 | Tue | | | | | | | | | | | | | | | | |
| 26 | Wed | | | | | | | | | | | | | | | | |
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| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | April | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | April | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| May | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Precipitation - Inches | Total= Bypass At Plant Site ("x" if Occurred) | Collection System Overflow ("x" if Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|--|
| | | | | | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | |
| 1 | Thu | | | | | | | | | | | | | | | | | |
| 2 | Fri | | | | | | | | | | | | | | | | | |
| 3 | Sat | | | | | | | | | | | | | | | | | |
| 4 | Sun | | | | | | | | | | | | | | | | | |
| 5 | Mon | | | | | | | | | | | | | | | | | |
| 6 | Tue | | | | | | | | | | | | | | | | | |
| 7 | Wed | | | | | | | | | | | | | | | | | |
| 8 | Thu | | | | | | | | | | | | | | | | | |
| 9 | Fri | | | | | | | | | | | | | | | | | |
| 10 | Sat | | | | | | | | | | | | | | | | | |
| 11 | Sun | | | | | | | | | | | | | | | | | |
| 12 | Mon | | | | | | | | | | | | | | | | | |
| 13 | Tue | | | | | | | | | | | | | | | | | |
| 14 | Wed | | | | | | | | | | | | | | | | | |
| 15 | Thu | | | | | | | | | | | | | | | | | |
| 16 | Fri | | | | | | | | | | | | | | | | | |
| 17 | Sat | | | | | | | | | | | | | | | | | |
| 18 | Sun | | | | | | | | | | | | | | | | | |
| 19 | Mon | | | | | | | | | | | | | | | | | |
| 20 | Tue | | | | | | | | | | | | | | | | | |
| 21 | Wed | | | | | | | | | | | | | | | | | |
| 22 | Thu | | | | | | | | | | | | | | | | | |
| 23 | Fri | | | | | | | | | | | | | | | | | |
| 24 | Sat | | | | | | | | | | | | | | | | | |
| 25 | Sun | | | | | | | | | | | | | | | | | |
| 26 | Mon | | | | | | | | | | | | | | | | | |
| 27 | Tue | | | | | | | | | | | | | | | | | |
| 28 | Wed | | | | | | | | | | | | | | | | | |
| 29 | Thu | | | | | | | | | | | | | | | | | |
| 30 | Fri | | | | | | | | | | | | | | | | | |
| 31 | Sat | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | May | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | | | MIXED LIQUOR | | | | | RETURN SLUDGE | | | | | | | | | | |
| | CBOD5 - mg/l | Susp. Solids - mg/l | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | May | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| | | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| Day Of Month | Day of Week | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Thu | | | | | | | | | | | | | | | | |
| 2 | Fri | | | | | | | | | | | | | | | | |
| 3 | Sat | | | | | | | | | | | | | | | | |
| 4 | Sun | | | | | | | | | | | | | | | | |
| 5 | Mon | | | | | | | | | | | | | | | | |
| 6 | Tue | | | | | | | | | | | | | | | | |
| 7 | Wed | | | | | | | | | | | | | | | | |
| 8 | Thu | | | | | | | | | | | | | | | | |
| 9 | Fri | | | | | | | | | | | | | | | | |
| 10 | Sat | | | | | | | | | | | | | | | | |
| 11 | Sun | | | | | | | | | | | | | | | | |
| 12 | Mon | | | | | | | | | | | | | | | | |
| 13 | Tue | | | | | | | | | | | | | | | | |
| 14 | Wed | | | | | | | | | | | | | | | | |
| 15 | Thu | | | | | | | | | | | | | | | | |
| 16 | Fri | | | | | | | | | | | | | | | | |
| 17 | Sat | | | | | | | | | | | | | | | | |
| 18 | Sun | | | | | | | | | | | | | | | | |
| 19 | Mon | | | | | | | | | | | | | | | | |
| 20 | Tue | | | | | | | | | | | | | | | | |
| 21 | Wed | | | | | | | | | | | | | | | | |
| 22 | Thu | | | | | | | | | | | | | | | | |
| 23 | Fri | | | | | | | | | | | | | | | | |
| 24 | Sat | | | | | | | | | | | | | | | | |
| 25 | Sun | | | | | | | | | | | | | | | | |
| 26 | Mon | | | | | | | | | | | | | | | | |
| 27 | Tue | | | | | | | | | | | | | | | | |
| 28 | Wed | | | | | | | | | | | | | | | | |
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| 31 | Sat | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|----------------------|--------------|
| Name of Facility | Permit Number | For Month Of: May | Year 2008 |
|------------------|---------------|----------------------|--------------|

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | |
|--------------|-------------------------------|----------------------------------|--------------------|------------------------------------|-----------------|--|--|--|--|---|---|--|--|--|
| | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | |
| | | | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | |
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| Max. | | | | | | | | | | | | | | |
| Min. | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | May | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| June | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" if Occurred) | Collection System Overflow ("x" if Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|--|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | |
| 1 | Sun | | | | | | | | | | | | | | | | | |
| 2 | Mon | | | | | | | | | | | | | | | | | |
| 3 | Tue | | | | | | | | | | | | | | | | | |
| 4 | Wed | | | | | | | | | | | | | | | | | |
| 5 | Thu | | | | | | | | | | | | | | | | | |
| 6 | Fri | | | | | | | | | | | | | | | | | |
| 7 | Sat | | | | | | | | | | | | | | | | | |
| 8 | Sun | | | | | | | | | | | | | | | | | |
| 9 | Mon | | | | | | | | | | | | | | | | | |
| 10 | Tue | | | | | | | | | | | | | | | | | |
| 11 | Wed | | | | | | | | | | | | | | | | | |
| 12 | Thu | | | | | | | | | | | | | | | | | |
| 13 | Fri | | | | | | | | | | | | | | | | | |
| 14 | Sat | | | | | | | | | | | | | | | | | |
| 15 | Sun | | | | | | | | | | | | | | | | | |
| 16 | Mon | | | | | | | | | | | | | | | | | |
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| 18 | Wed | | | | | | | | | | | | | | | | | |
| 19 | Thu | | | | | | | | | | | | | | | | | |
| 20 | Fri | | | | | | | | | | | | | | | | | |
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| 22 | Sun | | | | | | | | | | | | | | | | | |
| 23 | Mon | | | | | | | | | | | | | | | | | |
| 24 | Tue | | | | | | | | | | | | | | | | | |
| 25 | Wed | | | | | | | | | | | | | | | | | |
| 26 | Thu | | | | | | | | | | | | | | | | | |
| 27 | Fri | | | | | | | | | | | | | | | | | |
| 28 | Sat | | | | | | | | | | | | | | | | | |
| 29 | Sun | | | | | | | | | | | | | | | | | |
| 30 | Mon | | | | | | | | | | | | | | | | | |
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| Maximum | | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | Date (month, day, year) |
| | Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | June | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | June | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| | | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| Day Of Month | Day of Week | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Sun | | | | | | | | | | | | | | | | |
| 2 | Mon | | | | | | | | | | | | | | | | |
| 3 | Tue | | | | | | | | | | | | | | | | |
| 4 | Wed | | | | | | | | | | | | | | | | |
| 5 | Thu | | | | | | | | | | | | | | | | |
| 6 | Fri | | | | | | | | | | | | | | | | |
| 7 | Sat | | | | | | | | | | | | | | | | |
| 8 | Sun | | | | | | | | | | | | | | | | |
| 9 | Mon | | | | | | | | | | | | | | | | |
| 10 | Tue | | | | | | | | | | | | | | | | |
| 11 | Wed | | | | | | | | | | | | | | | | |
| 12 | Thu | | | | | | | | | | | | | | | | |
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| 14 | Sat | | | | | | | | | | | | | | | | |
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| 18 | Wed | | | | | | | | | | | | | | | | |
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| 21 | Sat | | | | | | | | | | | | | | | | |
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| 28 | Sat | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | June | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | |
|--------------|-------------------------------|----------------------------------|--------------------|------------------------------------|-----------------|--|--|--|--|---|---|--|--|--|
| | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | |
| | | | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | |
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| Max. | | | | | | | | | | | | | | |
| Min. | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | June | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| July | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Tue | | | | | | | | | | | | | | | | |
| 2 | Wed | | | | | | | | | | | | | | | | |
| 3 | Thu | | | | | | | | | | | | | | | | |
| 4 | Fri | | | | | | | | | | | | | | | | |
| 5 | Sat | | | | | | | | | | | | | | | | |
| 6 | Sun | | | | | | | | | | | | | | | | |
| 7 | Mon | | | | | | | | | | | | | | | | |
| 8 | Tue | | | | | | | | | | | | | | | | |
| 9 | Wed | | | | | | | | | | | | | | | | |
| 10 | Thu | | | | | | | | | | | | | | | | |
| 11 | Fri | | | | | | | | | | | | | | | | |
| 12 | Sat | | | | | | | | | | | | | | | | |
| 13 | Sun | | | | | | | | | | | | | | | | |
| 14 | Mon | | | | | | | | | | | | | | | | |
| 15 | Tue | | | | | | | | | | | | | | | | |
| 16 | Wed | | | | | | | | | | | | | | | | |
| 17 | Thu | | | | | | | | | | | | | | | | |
| 18 | Fri | | | | | | | | | | | | | | | | |
| 19 | Sat | | | | | | | | | | | | | | | | |
| 20 | Sun | | | | | | | | | | | | | | | | |
| 21 | Mon | | | | | | | | | | | | | | | | |
| 22 | Tue | | | | | | | | | | | | | | | | |
| 23 | Wed | | | | | | | | | | | | | | | | |
| 24 | Thu | | | | | | | | | | | | | | | | |
| 25 | Fri | | | | | | | | | | | | | | | | |
| 26 | Sat | | | | | | | | | | | | | | | | |
| 27 | Sun | | | | | | | | | | | | | | | | |
| 28 | Mon | | | | | | | | | | | | | | | | |
| 29 | Tue | | | | | | | | | | | | | | | | |
| 30 | Wed | | | | | | | | | | | | | | | | |
| 31 | Thu | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | (Date month, day, year) |
| | Signature of principal executive officer or authorized agent | (Date month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | July | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | July | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Tue | | | | | | | | | | | | | | | | |
| 2 | Wed | | | | | | | | | | | | | | | | |
| 3 | Thu | | | | | | | | | | | | | | | | |
| 4 | Fri | | | | | | | | | | | | | | | | |
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| 22 | Tue | | | | | | | | | | | | | | | | |
| 23 | Wed | | | | | | | | | | | | | | | | |
| 24 | Thu | | | | | | | | | | | | | | | | |
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| 29 | Tue | | | | | | | | | | | | | | | | |
| 30 | Wed | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | July | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | |
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| Min. | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | July | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| August | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Fri | | | | | | | | | | | | | | | | |
| 2 | Sat | | | | | | | | | | | | | | | | |
| 3 | Sun | | | | | | | | | | | | | | | | |
| 4 | Mon | | | | | | | | | | | | | | | | |
| 5 | Tue | | | | | | | | | | | | | | | | |
| 6 | Wed | | | | | | | | | | | | | | | | |
| 7 | Thu | | | | | | | | | | | | | | | | |
| 8 | Fri | | | | | | | | | | | | | | | | |
| 9 | Sat | | | | | | | | | | | | | | | | |
| 10 | Sun | | | | | | | | | | | | | | | | |
| 11 | Mon | | | | | | | | | | | | | | | | |
| 12 | Tue | | | | | | | | | | | | | | | | |
| 13 | Wed | | | | | | | | | | | | | | | | |
| 14 | Thu | | | | | | | | | | | | | | | | |
| 15 | Fri | | | | | | | | | | | | | | | | |
| 16 | Sat | | | | | | | | | | | | | | | | |
| 17 | Sun | | | | | | | | | | | | | | | | |
| 18 | Mon | | | | | | | | | | | | | | | | |
| 19 | Tue | | | | | | | | | | | | | | | | |
| 20 | Wed | | | | | | | | | | | | | | | | |
| 21 | Thu | | | | | | | | | | | | | | | | |
| 22 | Fri | | | | | | | | | | | | | | | | |
| 23 | Sat | | | | | | | | | | | | | | | | |
| 24 | Sun | | | | | | | | | | | | | | | | |
| 25 | Mon | | | | | | | | | | | | | | | | |
| 26 | Tue | | | | | | | | | | | | | | | | |
| 27 | Wed | | | | | | | | | | | | | | | | |
| 28 | Thu | | | | | | | | | | | | | | | | |
| 29 | Fri | | | | | | | | | | | | | | | | |
| 30 | Sat | | | | | | | | | | | | | | | | |
| 31 | Sun | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
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| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | August | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Min. | | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | August | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Fri | | | | | | | | | | | | | | | | |
| 2 | Sat | | | | | | | | | | | | | | | | |
| 3 | Sun | | | | | | | | | | | | | | | | |
| 4 | Mon | | | | | | | | | | | | | | | | |
| 5 | Tue | | | | | | | | | | | | | | | | |
| 6 | Wed | | | | | | | | | | | | | | | | |
| 7 | Thu | | | | | | | | | | | | | | | | |
| 8 | Fri | | | | | | | | | | | | | | | | |
| 9 | Sat | | | | | | | | | | | | | | | | |
| 10 | Sun | | | | | | | | | | | | | | | | |
| 11 | Mon | | | | | | | | | | | | | | | | |
| 12 | Tue | | | | | | | | | | | | | | | | |
| 13 | Wed | | | | | | | | | | | | | | | | |
| 14 | Thu | | | | | | | | | | | | | | | | |
| 15 | Fri | | | | | | | | | | | | | | | | |
| 16 | Sat | | | | | | | | | | | | | | | | |
| 17 | Sun | | | | | | | | | | | | | | | | |
| 18 | Mon | | | | | | | | | | | | | | | | |
| 19 | Tue | | | | | | | | | | | | | | | | |
| 20 | Wed | | | | | | | | | | | | | | | | |
| 21 | Thu | | | | | | | | | | | | | | | | |
| 22 | Fri | | | | | | | | | | | | | | | | |
| 23 | Sat | | | | | | | | | | | | | | | | |
| 24 | Sun | | | | | | | | | | | | | | | | |
| 25 | Mon | | | | | | | | | | | | | | | | |
| 26 | Tue | | | | | | | | | | | | | | | | |
| 27 | Wed | | | | | | | | | | | | | | | | |
| 28 | Thu | | | | | | | | | | | | | | | | |
| 29 | Fri | | | | | | | | | | | | | | | | |
| 30 | Sat | | | | | | | | | | | | | | | | |
| 31 | Sun | | | | | | | | | | | | | | | | |
| Avg | | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | August | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | |
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| Max. | | | | | | | | | | | | | | | |
| Min. | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | August | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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| Max | | | | | | | | | | | | | | | | | |
| Min | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | |



**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| September | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|--|--|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | | |
| 1 | Mon | | | | | | | | | | | | | | | | | | |
| 2 | Tue | | | | | | | | | | | | | | | | | | |
| 3 | Wed | | | | | | | | | | | | | | | | | | |
| 4 | Thu | | | | | | | | | | | | | | | | | | |
| 5 | Fri | | | | | | | | | | | | | | | | | | |
| 6 | Sat | | | | | | | | | | | | | | | | | | |
| 7 | Sun | | | | | | | | | | | | | | | | | | |
| 8 | Mon | | | | | | | | | | | | | | | | | | |
| 9 | Tue | | | | | | | | | | | | | | | | | | |
| 10 | Wed | | | | | | | | | | | | | | | | | | |
| 11 | Thu | | | | | | | | | | | | | | | | | | |
| 12 | Fri | | | | | | | | | | | | | | | | | | |
| 13 | Sat | | | | | | | | | | | | | | | | | | |
| 14 | Sun | | | | | | | | | | | | | | | | | | |
| 15 | Mon | | | | | | | | | | | | | | | | | | |
| 16 | Tue | | | | | | | | | | | | | | | | | | |
| 17 | Wed | | | | | | | | | | | | | | | | | | |
| 18 | Thu | | | | | | | | | | | | | | | | | | |
| 19 | Fri | | | | | | | | | | | | | | | | | | |
| 20 | Sat | | | | | | | | | | | | | | | | | | |
| 21 | Sun | | | | | | | | | | | | | | | | | | |
| 22 | Mon | | | | | | | | | | | | | | | | | | |
| 23 | Tue | | | | | | | | | | | | | | | | | | |
| 24 | Wed | | | | | | | | | | | | | | | | | | |
| 25 | Thu | | | | | | | | | | | | | | | | | | |
| 26 | Fri | | | | | | | | | | | | | | | | | | |
| 27 | Sat | | | | | | | | | | | | | | | | | | |
| 28 | Sun | | | | | | | | | | | | | | | | | | |
| 29 | Mon | | | | | | | | | | | | | | | | | | |
| 30 | Tue | | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | | |
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| Minimum | | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
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| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | September | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal or executive or athroized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coil - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|----------------------------|--------------|
| Name of Facility | Permit Number | For Month Of: September | Year 2008 |
|------------------|---------------|----------------------------|--------------|

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Mon | | | | | | | | | | | | | | | | |
| 2 | Tue | | | | | | | | | | | | | | | | |
| 3 | Wed | | | | | | | | | | | | | | | | |
| 4 | Thu | | | | | | | | | | | | | | | | |
| 5 | Fri | | | | | | | | | | | | | | | | |
| 6 | Sat | | | | | | | | | | | | | | | | |
| 7 | Sun | | | | | | | | | | | | | | | | |
| 8 | Mon | | | | | | | | | | | | | | | | |
| 9 | Tue | | | | | | | | | | | | | | | | |
| 10 | Wed | | | | | | | | | | | | | | | | |
| 11 | Thu | | | | | | | | | | | | | | | | |
| 12 | Fri | | | | | | | | | | | | | | | | |
| 13 | Sat | | | | | | | | | | | | | | | | |
| 14 | Sun | | | | | | | | | | | | | | | | |
| 15 | Mon | | | | | | | | | | | | | | | | |
| 16 | Tue | | | | | | | | | | | | | | | | |
| 17 | Wed | | | | | | | | | | | | | | | | |
| 18 | Thu | | | | | | | | | | | | | | | | |
| 19 | Fri | | | | | | | | | | | | | | | | |
| 20 | Sat | | | | | | | | | | | | | | | | |
| 21 | Sun | | | | | | | | | | | | | | | | |
| 22 | Mon | | | | | | | | | | | | | | | | |
| 23 | Tue | | | | | | | | | | | | | | | | |
| 24 | Wed | | | | | | | | | | | | | | | | |
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| 27 | Sat | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
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| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: (million gallons) |
|-------------------------|------|------|---------|------------|---------------------------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity (actual flow/design) |
| Tertiary Treatment | | | | | |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | September | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | |
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | September | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| October | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day Of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Wed | | | | | | | | | | | | | | | | |
| 2 | Thu | | | | | | | | | | | | | | | | |
| 3 | Fri | | | | | | | | | | | | | | | | |
| 4 | Sat | | | | | | | | | | | | | | | | |
| 5 | Sun | | | | | | | | | | | | | | | | |
| 6 | Mon | | | | | | | | | | | | | | | | |
| 7 | Tue | | | | | | | | | | | | | | | | |
| 8 | Wed | | | | | | | | | | | | | | | | |
| 9 | Thu | | | | | | | | | | | | | | | | |
| 10 | Fri | | | | | | | | | | | | | | | | |
| 11 | Sat | | | | | | | | | | | | | | | | |
| 12 | Sun | | | | | | | | | | | | | | | | |
| 13 | Mon | | | | | | | | | | | | | | | | |
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| 15 | Wed | | | | | | | | | | | | | | | | |
| 16 | Thu | | | | | | | | | | | | | | | | |
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| 18 | Sat | | | | | | | | | | | | | | | | |
| 19 | Sun | | | | | | | | | | | | | | | | |
| 20 | Mon | | | | | | | | | | | | | | | | |
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| 23 | Thu | | | | | | | | | | | | | | | | |
| 24 | Fri | | | | | | | | | | | | | | | | |
| 25 | Sat | | | | | | | | | | | | | | | | |
| 26 | Sun | | | | | | | | | | | | | | | | |
| 27 | Mon | | | | | | | | | | | | | | | | |
| 28 | Tue | | | | | | | | | | | | | | | | |
| 29 | Wed | | | | | | | | | | | | | | | | |
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| 31 | Fri | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | October | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coll - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | | |

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | October | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | Day Of Week | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| | | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Wed | | | | | | | | | | | | | | | | |
| 2 | Thu | | | | | | | | | | | | | | | | |
| 3 | Fri | | | | | | | | | | | | | | | | |
| 4 | Sat | | | | | | | | | | | | | | | | |
| 5 | Sun | | | | | | | | | | | | | | | | |
| 6 | Mon | | | | | | | | | | | | | | | | |
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| 8 | Wed | | | | | | | | | | | | | | | | |
| 9 | Thu | | | | | | | | | | | | | | | | |
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| 11 | Sat | | | | | | | | | | | | | | | | |
| 12 | Sun | | | | | | | | | | | | | | | | |
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| 15 | Wed | | | | | | | | | | | | | | | | |
| 16 | Thu | | | | | | | | | | | | | | | | |
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| 29 | Wed | | | | | | | | | | | | | | | | |
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| 31 | Fri | | | | | | | | | | | | | | | | |
| Avg | | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | October | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|--------------------|------------------------------------|--------------------|--|--|--|--|--|--|---|---|--|--|--|--|
| | | | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | | | |
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| Min. | | | | | | | | | | | | | | | |
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | October | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| November | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |
| | | | |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | |
|--------------|-------------|---|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|----------------|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l |
| 1 | Sat | | | | | | | | | | | | | | | | |
| 2 | Sun | | | | | | | | | | | | | | | | |
| 3 | Mon | | | | | | | | | | | | | | | | |
| 4 | Tue | | | | | | | | | | | | | | | | |
| 5 | Wed | | | | | | | | | | | | | | | | |
| 6 | Thu | | | | | | | | | | | | | | | | |
| 7 | Fri | | | | | | | | | | | | | | | | |
| 8 | Sat | | | | | | | | | | | | | | | | |
| 9 | Sun | | | | | | | | | | | | | | | | |
| 10 | Mon | | | | | | | | | | | | | | | | |
| 11 | Tue | | | | | | | | | | | | | | | | |
| 12 | Wed | | | | | | | | | | | | | | | | |
| 13 | Thu | | | | | | | | | | | | | | | | |
| 14 | Fri | | | | | | | | | | | | | | | | |
| 15 | Sat | | | | | | | | | | | | | | | | |
| 16 | Sun | | | | | | | | | | | | | | | | |
| 17 | Mon | | | | | | | | | | | | | | | | |
| 18 | Tue | | | | | | | | | | | | | | | | |
| 19 | Wed | | | | | | | | | | | | | | | | |
| 20 | Thu | | | | | | | | | | | | | | | | |
| 21 | Fri | | | | | | | | | | | | | | | | |
| 22 | Sat | | | | | | | | | | | | | | | | |
| 23 | Sun | | | | | | | | | | | | | | | | |
| 24 | Mon | | | | | | | | | | | | | | | | |
| 25 | Tue | | | | | | | | | | | | | | | | |
| 26 | Wed | | | | | | | | | | | | | | | | |
| 27 | Thu | | | | | | | | | | | | | | | | |
| 28 | Fri | | | | | | | | | | | | | | | | |
| 29 | Sat | | | | | | | | | | | | | | | | |
| 30 | Sun | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | |

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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Signature of Certified Operator | Date (month, day, year) |
| | Signature of principal executive officer or authorized agent | Date (month, day, year) |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | November | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|---------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | | | MIXED LIQUOR | | | | | RETURN SLUDGE | | | | | | | | | | |
| | CBOD5 - mg/l | Susp. Solids - mg/l | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 10829 (R2 / 8-07)

Date (month, day, year)

Date (month, day, year)

Year

2008

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: (million gallons) |
|-------------------------|------|------|---------|------------|--|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | |
| Primary Treatment | | | | | Percent Capacity (actual flow/design) |
| Secondary Treatment | | | | | |
| Tertiary Treatment | | | | | |
| Overall Treatment | | | | | |

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | November | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | SLUDGE TO DIGESTER | | DIGESTER OPERATION | | | | | | | | | | | | |
|--------------|-------------------------------|----------------------------------|--------------------|------------------------------------|-----------------|--|--|--|--|---|---|--|--|--|--|
| | Primary Sludge Gal. x 1000 | Waste Act. Sludge Gal. x 1000 | Anaerobic Only | | | Supernatant Withdrawn hrs. or Gal. x 1000 | Supernatant BOD5 mg/l or NH3-N mg/l | Total Solids in Incoming Sludge - % | Total Solids in Digested Sludge - % | Volatile Solids in Incoming Sludge - % | Volatile Solids in Digested Sludge - % | Digested Sludge Withdrawn hrs. or Gal. x 1000 | | | |
| | | | pH | Gas Production Cubic Ft. x 1000 | Temperature - F | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | |

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | November | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant
State Form 10829 (R2 / 8-07)

| | | | |
|---|------|-------------------|--------------------|
| Name of Facility | | Permit Number | |
| Month | Year | Plant Design Flow | Telephone Number |
| December | 2008 | mgd | |
| Facility's e-mail address (if available): | | | |
| Certified Operator: Name | | Class | Certificate Number |
| | | | Expiration Date |

| Day Of Month | Day of Week | Man-Hours at Plant (Plants less than 1 MGD only) | Air Temperature (optional) | Total= | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | | | |
|---|-------------|--|----------------------------|------------------------|---|---|-------------------|------------------------|------------------------|--|----|--------------|-------------|---------------------|-------------------------|-------------------|----------------|--|--|
| | | | | Precipitation - Inches | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | | |
| 1 | Mon | | | | | | | | | | | | | | | | | | |
| 2 | Tue | | | | | | | | | | | | | | | | | | |
| 3 | Wed | | | | | | | | | | | | | | | | | | |
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| 8 | Mon | | | | | | | | | | | | | | | | | | |
| 9 | Tue | | | | | | | | | | | | | | | | | | |
| 10 | Wed | | | | | | | | | | | | | | | | | | |
| 11 | Thu | | | | | | | | | | | | | | | | | | |
| 12 | Fri | | | | | | | | | | | | | | | | | | |
| 13 | Sat | | | | | | | | | | | | | | | | | | |
| 14 | Sun | | | | | | | | | | | | | | | | | | |
| 15 | Mon | | | | | | | | | | | | | | | | | | |
| 16 | Tue | | | | | | | | | | | | | | | | | | |
| 17 | Wed | | | | | | | | | | | | | | | | | | |
| 18 | Thu | | | | | | | | | | | | | | | | | | |
| 19 | Fri | | | | | | | | | | | | | | | | | | |
| 20 | Sat | | | | | | | | | | | | | | | | | | |
| 21 | Sun | | | | | | | | | | | | | | | | | | |
| 22 | Mon | | | | | | | | | | | | | | | | | | |
| 23 | Tue | | | | | | | | | | | | | | | | | | |
| 24 | Wed | | | | | | | | | | | | | | | | | | |
| 25 | Thu | | | | | | | | | | | | | | | | | | |
| 26 | Fri | | | | | | | | | | | | | | | | | | |
| 27 | Sat | | | | | | | | | | | | | | | | | | |
| 28 | Sun | | | | | | | | | | | | | | | | | | |
| 29 | Mon | | | | | | | | | | | | | | | | | | |
| 30 | Tue | | | | | | | | | | | | | | | | | | |
| 31 | Wed | | | | | | | | | | | | | | | | | | |
| 1 | Thu | Fill in January's effluent data on page 3 as needed for weekly average calculations. | | | | | | | | | | | | | | | | | |
| 2 | Fri | | | | | | | | | | | | | | | | | | |
| 3 | Sat | | | | | | | | | | | | | | | | | | |
| Average | | | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | | | | Signature of Certified Operator | | | | | Date (month, day, year) | | | | |
| | | | | | | | | | | Signature of principal executive officer or authorized agent | | | | | Date (month, day, year) | | | | |

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | December | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | PRIMARY EFFLUENT | | AERATION | | | | | | | SECONDARY EFFLUENT | | FINAL EFFLUENT | | | | | | |
|--------------|------------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-----------------|-------------|---------------------|--------------------|---------------------|----------------------------------|---------------------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-------------------|
| | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | | RETURN SLUDGE | | | CBOD5 - mg/l | Susp. Solids - mg/l | Residual Chlorine - Contact Tank | Residual Chlorine - Final | E. Coli - colony/100 ml | pH - daily low (or single sample) | pH - daily high (if multiple samples) | Dissolved Oxygen - mg/l | Phosphorus - mg/l |
| | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Temperature - F | Volume - MG | Susp. Solids - mg/l | | | | | | | | | |
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | December | 2008 |

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| | | FINAL EFFLUENT | | | | | | | | | | | | | | | |
|--------------|-------------|--------------------------|------------------------------|--------------|-----------------------------|-------------|--------------------------------|------------------------|------------------------------------|--------------------|---------------------------------------|----------------|-------------------------------|---------------|----------------------------------|---------------------|--|
| Day Of Month | Day of Week | Flow | | BOD | | | | Total Suspended Solids | | | | Ammonia | | | | Other | |
| | | Effluent Flow Rate (MGD) | Effluent Flow Weekly Average | CBOD5 - mg/l | CBOD5 - mg/l Weekly Average | CBOD5 - lbs | CBOD5 - lbs/day Weekly Average | Susp. Solids - mg/l | Susp. Solids - mg/l Weekly Average | Susp. Solids - lbs | Susp. Solids - lbs/day Weekly Average | Ammonia - mg/l | Ammonia - mg/l Weekly Average | Ammonia - lbs | Ammonia - lbs/day Weekly Average | Oil & Grease (mg/l) | |
| 1 | Mon | | | | | | | | | | | | | | | | |
| 2 | Tue | | | | | | | | | | | | | | | | |
| 3 | Wed | | | | | | | | | | | | | | | | |
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| 5 | Fri | | | | | | | | | | | | | | | | |
| 6 | Sat | | | | | | | | | | | | | | | | |
| 7 | Sun | | | | | | | | | | | | | | | | |
| 8 | Mon | | | | | | | | | | | | | | | | |
| 9 | Tue | | | | | | | | | | | | | | | | |
| 10 | Wed | | | | | | | | | | | | | | | | |
| 11 | Thu | | | | | | | | | | | | | | | | |
| 12 | Fri | | | | | | | | | | | | | | | | |
| 13 | Sat | | | | | | | | | | | | | | | | |
| 14 | Sun | | | | | | | | | | | | | | | | |
| 15 | Mon | | | | | | | | | | | | | | | | |
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| 17 | Wed | | | | | | | | | | | | | | | | |
| 18 | Thu | | | | | | | | | | | | | | | | |
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| Min | | | | | | | | | | | | | | | | | |
| Data | | | | | | | | | | | | | | | | | |

| MONTHLY REMOVAL SUMMARY | | | | | Total Monthly Flow: |
|-------------------------|------|------|---------|------------|----------------------|
| Percent Removal | BOD5 | S.S. | Ammonia | Phosphorus | (million gallons) |
| Primary Treatment | | | | | |
| Secondary Treatment | | | | | Percent Capacity |
| Tertiary Treatment | | | | | (actual flow/design) |
| Overall Treatment | | | | | |

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | December | 2008 |

| | |
|--|----------------------------------|
| Signature of Certified Operator | Date (<i>month, day, year</i>) |
| Signature of principal executive officer or authorized agent | Date (<i>month, day, year</i>) |

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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

**Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant**

State Form 10829 (R2 / 8-07)

| | | | |
|------------------|---------------|---------------|------|
| Name of Facility | Permit Number | For Month Of: | Year |
| | | December | 2008 |

Substitute for State Form 30530

| | |
|--|-------------------------|
| Signature of Certified Operator | Date (month, day, year) |
| Signature of principal executive officer or authorized agent | Date (month, day, year) |

| Day Of Month | | | | | | | | | | | | | | | | | |
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| Data | | | | | | | | | | | | | | | | | |

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|---------------------|--|
| Plant Design Flow | |
| Annual Average Flow | |
| Capacity Used | |

| PERCENT REMOVAL SUMMARY | | | | |
|-------------------------|------|------|---------|------------|
| | BOD5 | S.S. | Ammonia | Phosphorus |
| Primary Treatment | | | | |
| Secondary Treatment | | | | |
| Tertiary Treatment | | | | |
| Overall Treatment | | | | |

| | Man-Hours at Plant (Plants less than 1 MGD only) | Precipitation - Inches | Bypass At Plant Site ("x" If Occurred) | Collection System Overflow ("x" If Occurred) | CHEMICALS USED | | | RAW SEWAGE | | | | | | | PRIMARY EFFLUENT | | AERATION | | | | SECONDARY EFFLUENT | | | | |
|---|---|------------------------|---|---|----------------|---------------------|---------------------|--|----|--------------|-------------|---------------------|--------------------|-------------------|------------------|--------------|---------------------|-----------------------------------|---------------------|---------------------------|-------------------------|-------------|--------------|---------------------|---------------------|
| | | | | | Chlorine - Lbs | Lbs/Day or Gal./Day | Lbs/Day or Gal./Day | Influent Flow Rate (if metered) MGD | pH | CBOD5 - mg/l | CBOD5 - lbs | Susp. Solids - mg/l | Susp. Solids - lbs | Phosphorus - mg/l | Ammonia - mg/l | CBOD5 - mg/l | Susp. Solids - mg/l | MIXED LIQUOR | | | RETURN SLUDGE | | CBOD5 - mg/l | Susp. Solids - mg/l | |
| | | | | | | | | | | | | | | | | | | Settleable Solids % in 30 minutes | Susp. Solids - mg/l | Sludge Vol. Index - ml/gm | Dissolved Oxygen - mg/l | Volume - MG | | | Susp. Solids - mg/l |
| Average | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minimum | | | | | | | | | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Data | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Annual Totals (Average X 365) | | | | | | | | | | | | | | | | | | | | | | | | | |

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